
# Data Driven Hope: A Blueprint for Youth Suicide Prevention

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Connecticut Children's | Youth Suicide Prevention Center

MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER

BEST CHILDREN'S HOSPITAL WOMEN'S CHOICE AWARD 2023

# Objectives

1. Build a shared understanding of the Youth Suicide Prevention Center's programs
2. Evaluate how program data translates into measurable impact
3. Describe tools for suicide prevention for the practice setting

# CDC WISQARS
# Public Data Source

## 10 Leading Causes of Death, United States

2024, All Deaths with drilldown to ICD codes, All Sexes, All Races, All Ethnicities

Unintentional Injury Homicide Suicide

| | <1 | 1-4 | 5-9 | 10-14 | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+ | All Ages |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Congenital Anomalies 4,061 | Unintentional Injury 1,252 | Unintentional Injury 719 | Unintentional Injury 795 | Unintentional Injury 11,705 | Unintentional Injury 23,019 | Unintentional Injury 29,138 | Malignant Neoplasms 32,451 | Malignant Neoplasms 98,592 | Heart Disease 560,828 | Heart Disease 683,491 |
| 2 | Short Gestation 2,941 | Congenital Anomalies 402 | Malignant Neoplasms 400 | Suicide 487 | Suicide 5,915 | Suicide 7,993 | Heart Disease 11,607 | Heart Disease 29,624 | Heart Disease 76,501 | Malignant Neoplasms 470,997 | Malignant Neoplasms 619,876 |
| 3 | Sids 1,351 | Malignant Neoplasms 278 | Congenital Anomalies 225 | Malignant Neoplasms 446 | Homicide 4,759 | Homicide 4,877 | Malignant Neoplasms 11,583 | Unintentional Injury 25,241 | Unintentional Injury 28,628 | Cerebrovascular 145,402 | Unintentional Injury 197,449 |
| 4 | Unintentional Injury 1,245 | Homicide 268 | Homicide 146 | Homicide 290 | Malignant Neoplasms 1,421 | Malignant Neoplasms 3,659 | Suicide 8,514 | Liver Disease 8,314 | Diabetes Mellitus 15,581 | Chronic Low. Respiratory Disease 126,630 | Cerebrovascular 166,852 |
| 5 | Maternal Pregnancy Comp. 1,193 | Heart Disease 134 | Influenza & Pneumonia 91 | Congenital Anomalies 203 | Heart Disease 831 | Heart Disease 3,511 | Liver Disease 5,008 | Suicide 7,677 | Chronic Low. Respiratory Disease 15,113 | Alzheimer's Disease 114,509 | Chronic Low. Respiratory Disease 145,643 |
| 6 | Bacterial Sepsis 603 | Influenza & Pneumonia 121 | Heart Disease 80 | Heart Disease 100 | Congenital Anomalies 473 | Liver Disease 1,591 | Homicide 4,137 | Diabetes Mellitus 6,543 | Liver Disease 14,261 | Unintentional Injury 75,699 | Alzheimer's Disease 116,022 |
| 7 | Placenta Cord Membranes 594 | Cerebrovascular Septicemia 62 | Chronic Low. Respiratory Disease 57 | Chronic Low. Respiratory Disease 79 | Diabetes Mellitus 250 | Diabetes Mellitus 1,051 | Diabetes Mellitus 2,585 | Cerebrovascular 5,192 | Cerebrovascular 13,222 | Diabetes Mellitus 68,387 | Diabetes Mellitus 94,445 |
| 8 | Respiratory Distress 453 | | Cerebrovascular 49 | Influenza & Pneumonia 69 | Chronic Low. Respiratory Disease 208 | Cerebrovascular 535 | Cerebrovascular 2,086 | Homicide 2,524 | Suicide 7,749 | Nephritis 45,583 | Nephritis 55,081 |
| 9 | Circulatory System Disease 376 | Perinatal Period 60 | Septicemia 36 | Cerebrovascular 59 | Influenza & Pneumonia 179 | Influenza & Pneumonia 493 | Influenza & Pneumonia 1,026 | Chronic Low. Respiratory Disease 2,470 | Nephritis 5,838 | Parkinson's Disease 39,935 | Liver Disease 52,274 |
| 10 | Intrauterine Hypoxia 368 | Covid-19 38 | Benign Neoplasms 25 | Septicemia 37 | Cerebrovascular 162 | Congenital Anomalies 475 | Nephritis 887 | Nephritis 2,337 | Septicemia 5,374 | Influenza & Pneumonia 39,204 | Suicide 48,824 |

| 10-14 | 15-24 | 25-34 |
| --- | --- | --- |
| Unintentional Injury **795** | Unintentional Injury **11,705** | Unintentional Injury **23,019** |
| Suicide **487** | Suicide **5,915** | Suicide **7,993** |
| Malignant Neoplasms **446** | Homicide **4,759** | Homicide **4,877** |

# Mission

To reduce the occurrence of youth suicide deaths and those suffering with suicidal thoughts through identification, education/training, research, and advocacy. Aim to implement validated and evidence based programs to create safer and healthier communities.

# Goals

1. Reduce youth suicide death rates
2. Identify and reduce youth suffering from suicidality
3. Reduce stigma associated with suicide
4. Improve communication with those suffering from suicide
5. Increase resources available to those suffering from suicide

# Programs Overview

## Screening

- Implemented a universal suicide screening workflow in the Emergency Department and inpatient floors at Connecticut Children's.
- Primary objective: identify youth vulnerable to suicide.

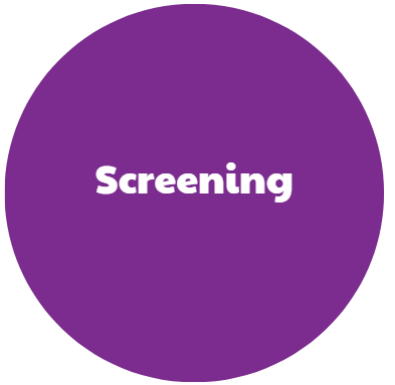
## Question, Persuade, Refer

- Provide bystander intervention QPR training at Connecticut Children's, statewide, and at national conferences.
- QPR equips participants with three essential steps to potentially save a life, creating "gatekeepers" in their communities.

## Fresh Check Day

- Nationwide college event focused on youth mental health and suicide prevention.
- Features fun, interactive activities to engage students.
- Creates a supportive space for students to connect and share experiences.

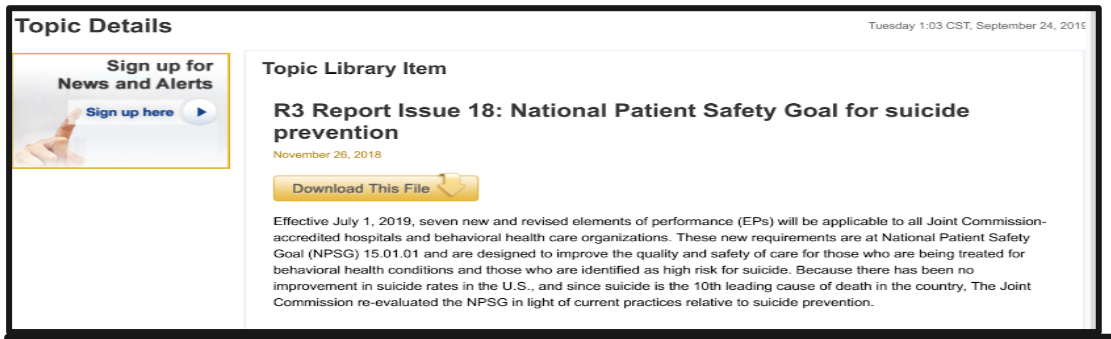
# History of Suicide Screening



# National Patient Safety Goal 15.01.01

1. The Joint Commission (TJC) requires suicide risk screening in all healthcare settings

2. Current guidelines suggest screening youth **12 years and older** for suicide risk


Topic Details

Tuesday 1:03 CST, September 24, 2019

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Topic Library Item

R3 Report Issue 18: National Patient Safety Goal for suicide prevention

November 26, 2018

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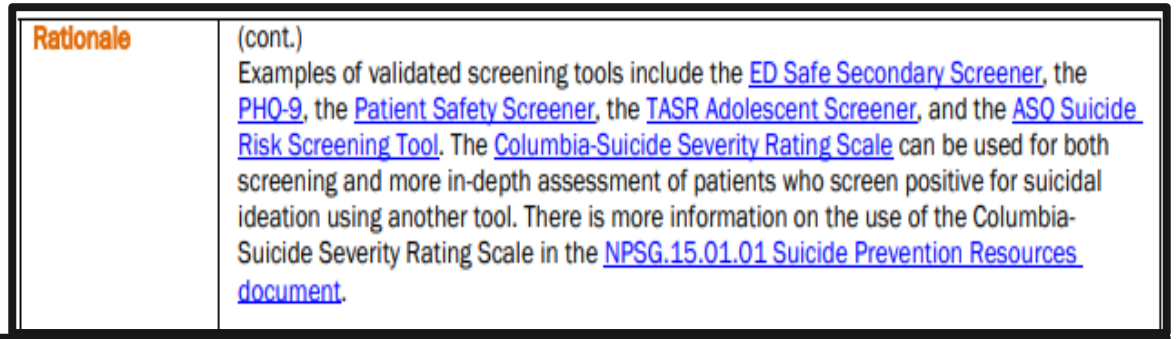
Effective July 1, 2019, seven new and revised elements of performance (EPs) will be applicable to all Joint Commission-accredited hospitals and behavioral health care organizations. These new requirements are at National Patient Safety Goal (NPSG) 15.01.01 and are designed to improve the quality and safety of care for those who are being treated for behavioral health conditions and those who are identified as high risk for suicide. Because there has been no improvement in suicide rates in the U.S., and since suicide is the 10th leading cause of death in the country, The Joint Commission re-evaluated the NPSG in light of current practices relative to suicide prevention.


Rationale

(cont.)

Examples of validated screening tools include the ED Safe Secondary Screener, the PHQ-9, the Patient Safety Screener, the TASR Adolescent Screener, and the ASQ Suicide Risk Screening Tool. The Columbia-Suicide Severity Rating Scale can be used for both screening and more in-depth assessment of patients who screen positive for suicidal ideation using another tool. There is more information on the use of the Columbia-Suicide Severity Rating Scale in the NPSG.15.01.01 Suicide Prevention Resources document.

2. Screen all individuals served for suicidal ideation using a validated screening tool.
Note: The Joint Commission requires screening for suicidal ideation using a validated tool starting at age 12 and above.

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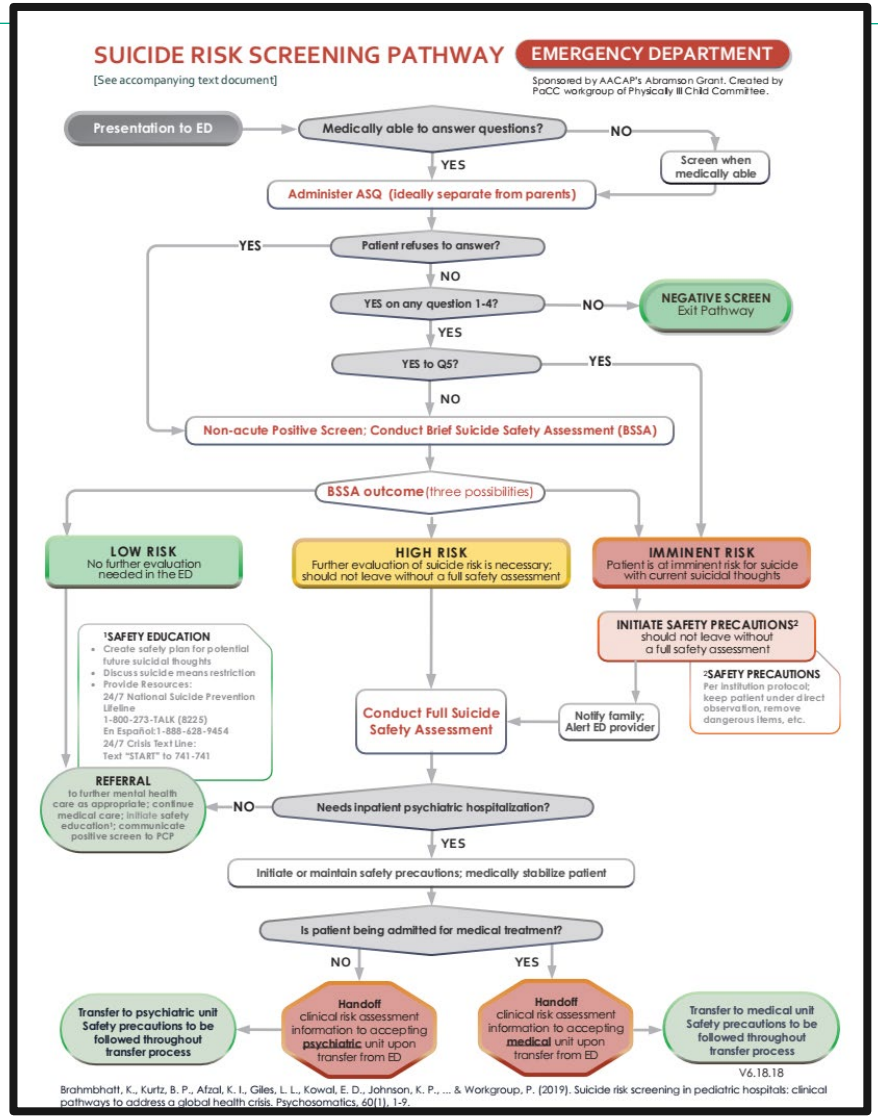
# Suicide Screening Pathway



# Pediatric Suicide Screening Tools

NIMH TOOLKIT

**asQ** Suicide Risk **Screening Tool**

Ask Suicide-Screening Questions

**Ask the patient:**

1. In the past few weeks, have you wished you were dead? ❍ Yes ❍ No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? ❍ Yes ❍ No
3. In the past week, have you been having thoughts about killing yourself? ❍ Yes ❍ No
4. Have you ever tried to kill yourself? ❍ Yes ❍ No

If yes, how? _____

_____

_____

When? _____

_____

*If the patient answers* **Yes** *to any of the above, ask the following acuity question:*

5. Are you having thoughts of killing yourself right now? ❍ Yes ❍ No

If yes, please describe: _____

**Next steps:**

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (**Note: Clinical judgment can always override a negative screen).*
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**
  - ☐ "Yes" to question #5 = **acute positive screen** (imminent risk identified)
    - **Patient requires a STAT safety/full mental health evaluation. Patient cannot leave until evaluated for safety.**
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ☐ "No" to question #5 = **non-acute positive screen** (potential risk identified)
    - **Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.**
    - Alert physician or clinician responsible for patient's care.

**Provide resources to all patients**

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

asQ Suicide Risk Screening Toolkit | NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) | NIH | 6/13/2017

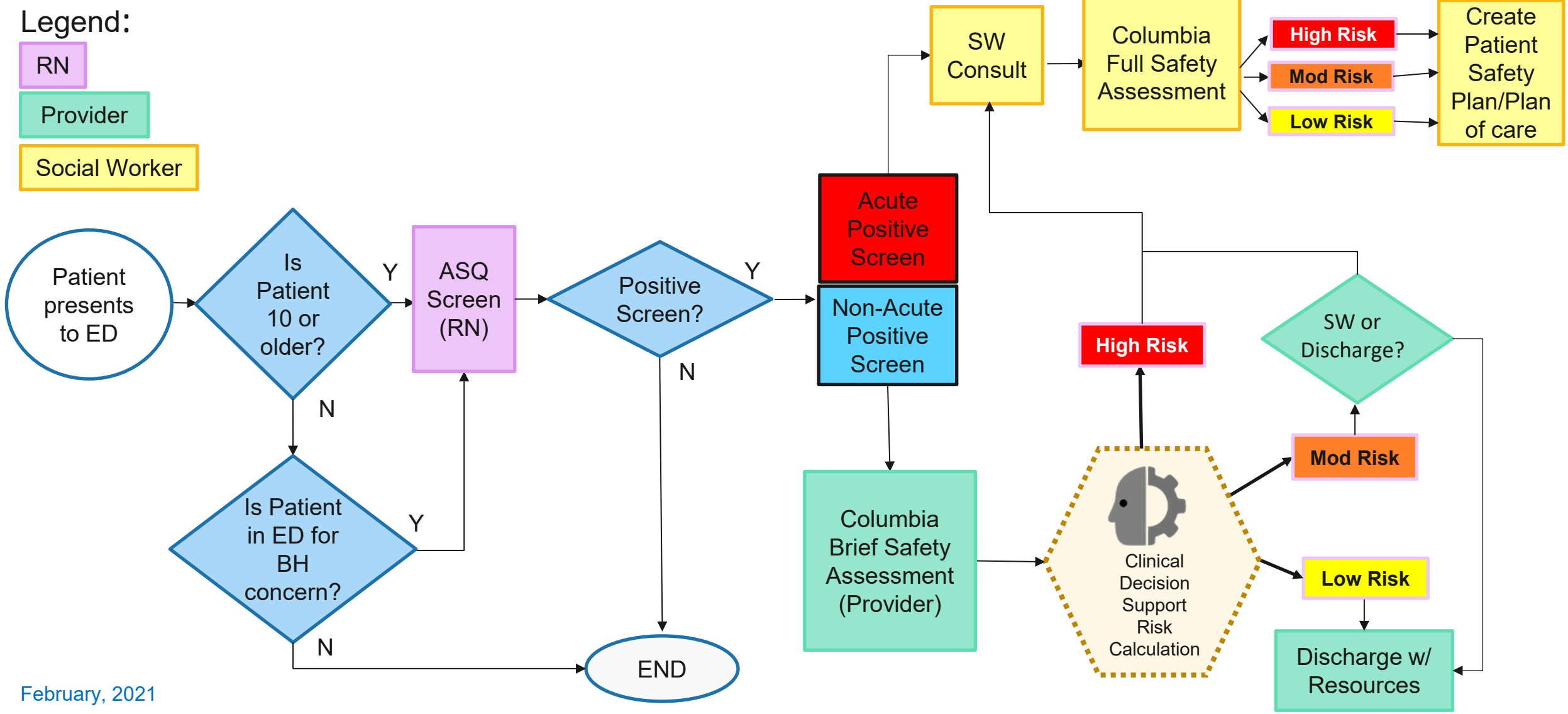
**COLUMBIA-SUICIDE SEVERITY RATING SCALE**

*Screen with Triage Points for* ***Emergency Department***

| | Past month | |
|---|---|---|
| **Ask Questions 1 and 2** | **YES** | **NO** |
| 1) ***Have you wished you were dead or wished you could go to sleep and not wake up?*** | | |
| 2) ***Have you actually had any thoughts of killing yourself?*** | | |
| **If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.** | | |
| 3) ***Have you been thinking about how you might do this?*** E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*" | | |
| 4) ***Have you had these thoughts and had some intention of acting on them?*** As opposed to "*I have the thoughts but I definitely will not do anything about them.*" | | |
| 5) ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*** | | |
| 6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. | **Lifetime** | |
| **If YES, ask: *Was this within the past three months?*** | **Past 3 Months** | |

Item 1 Behavioral Health Referral at Discharge
Item 2 Behavioral Health Referral at Discharge
Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 4 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions
Item 5 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions
Item 6 Over 3 months ago: Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 6 3 months ago or less: Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions

# Suicide Screening and Assessments Workflow Overview

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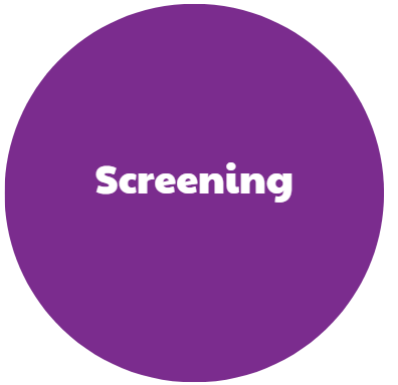
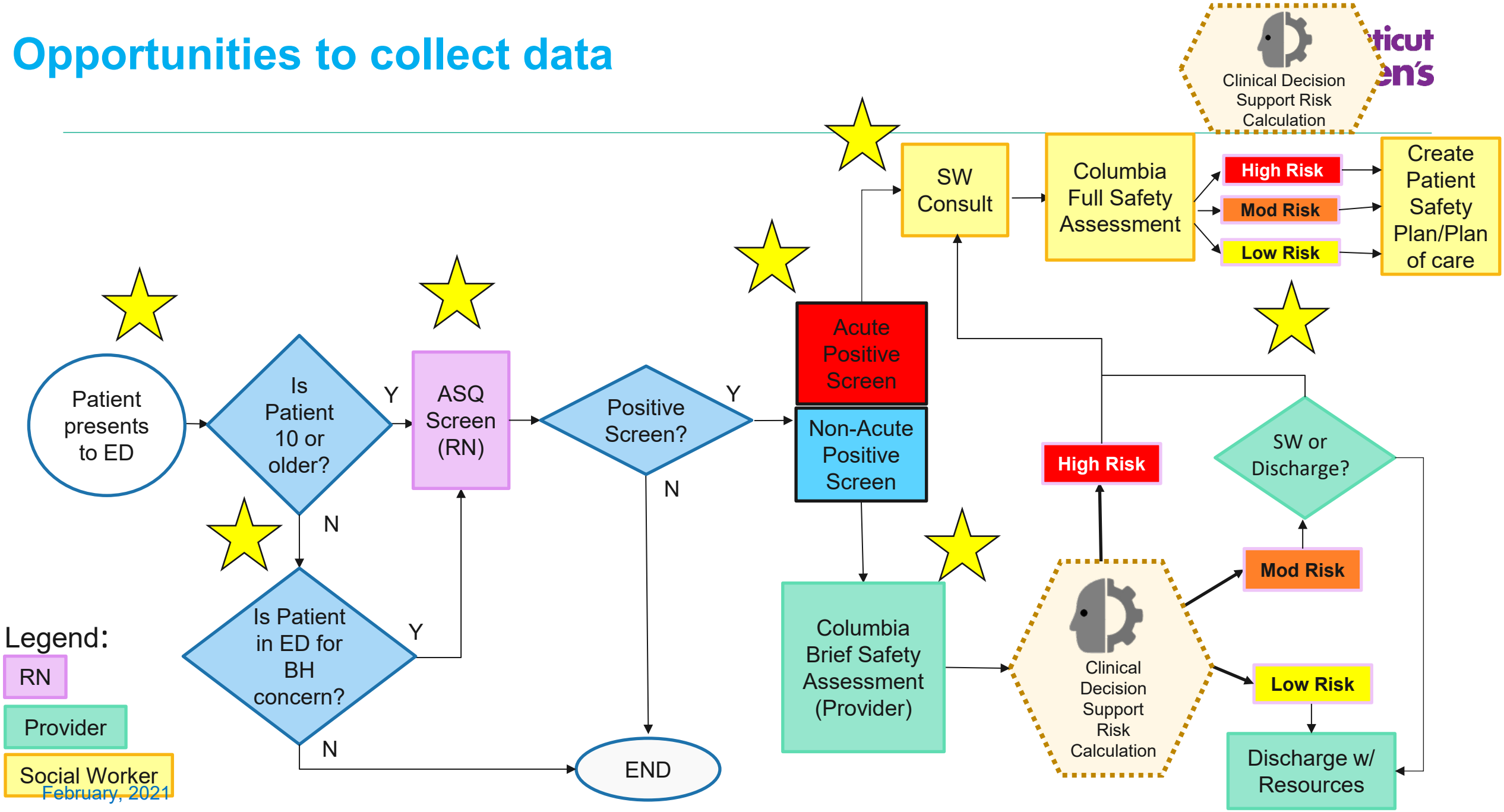
# Developing Internal Database: Universal Suicide Screening



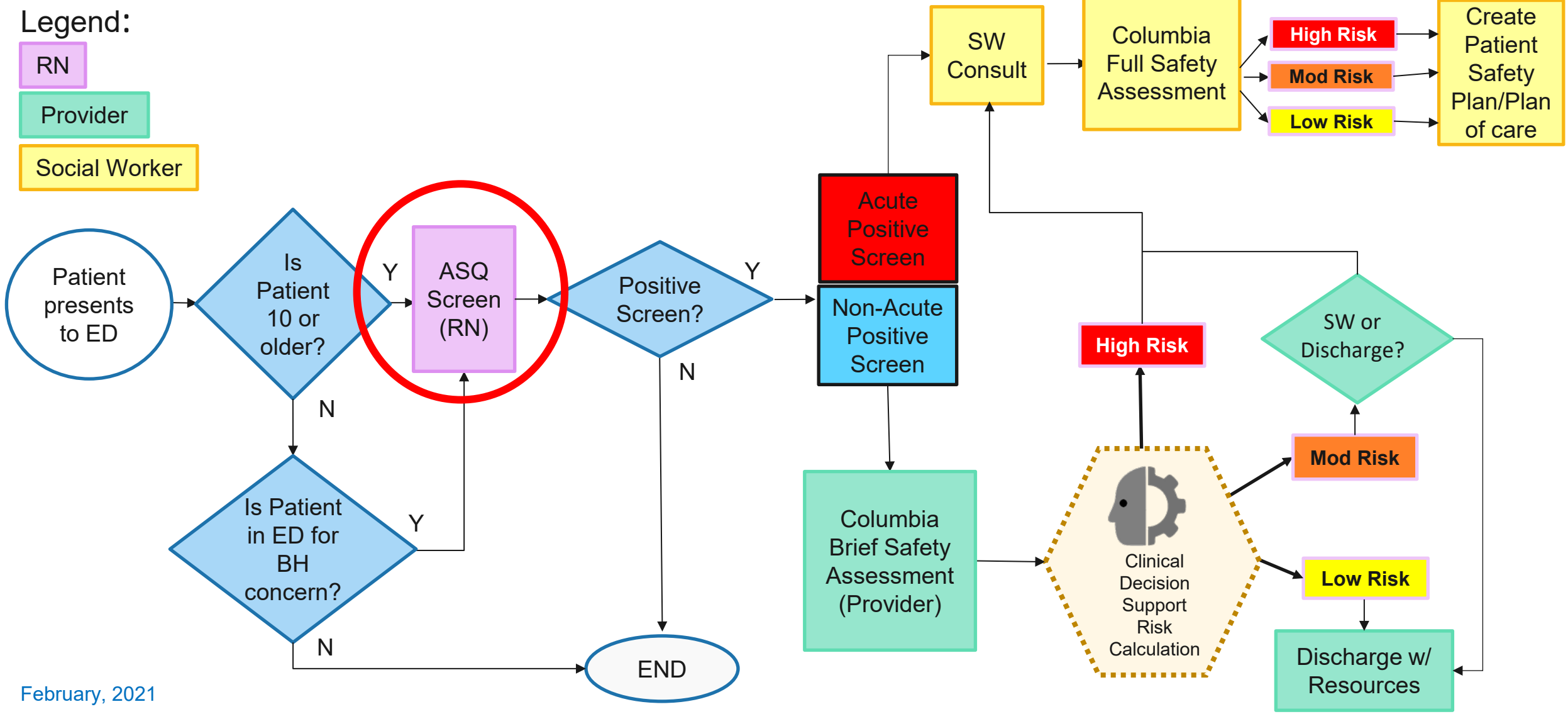
# Opportunities to collect data



# Suicide Screening Metrics

| MONTHLY ED SUICIDE METRICS | Jun-23 | Jul-23 | Aug-23 | Sep-23 | TOTALS |
|---|---|---|---|---|---|
| Total kids who went through ED appropriate for screening (MH, 10 and +, dev. approp) | 1588 | 1096 | 1120 | 1838 | 18,633 |
| MH patient types who went throught ED appropriate for screening | 273 | 152 | 163 | 293 | 3,236 |
| **Total kids who should have been screened** | **1588** | **1096** | **1120** | **1838** | **18,633** |
| MH patient types who *were* screened | 265 | 150 | 160 | 281 | 3165 |
| **ASQ Compliance % for MH patient types** | **97%** | **99%** | **98%** | **96%** | **98%** |
| # ASQ Acute Positive Screens | 32 | 16 | 18 | 43 | 431 |
| # ASQ Non Acute Positive Screens | 164 | 104 | 108 | 230 | 2,172 |
| # of Negative Screens | 1081 | 757 | 749 | 1177 | 11,238 |
| # of Other Screens (incomplete, parent refusals, etc.) | 4 | 3 | 2 | 4 | 48 |
| # of ASQ not asked (including medically unable) | 307 | 216 | 243 | 384 | 4743 |
| Kids, SCREENED w/ASQ | 1277 | 877 | 875 | 1450 | 13,841 |
| **ASQ compliance %** | **80%** | **80%** | **78%** | **79%** | **74%** |
| **% of kids not asked** | **19%** | **20%** | **22%** | **21%** | **25%** |
| Total ASQ Positive Screens | 196 | 120 | 126 | 273 | 2,603 |
| **ASQ Positive %** | **15%** | **14%** | **14%** | **19%** | **19%** |
| **% of Medical Pts Screening positive** | **5%** | **5%** | **4%** | **7%** | **5%** |
| # of MH patient types who screened positive | 137 | 72 | 92 | 166 | 1,869 |
| **% of Positive Screens which are MH patients** | **70%** | **60%** | **73%** | **61%** | **72%** |
| # of Medical kids who screened positive | 59 | 48 | 34 | 107 | 734 |
| **% Positive Screens which are Medical patients** | **30%** | **40%** | **27%** | **39%** | **28%** |
| # of Columbia Brief Assessments Completed | 147 | 95 | 100 | 200 | 1,957 |
| **% Columbia Brief Suicide Assessment Compliance** | **90%** | **91%** | **93%** | **87%** | **90%** |
| Columbia HIGH RISK - # of patients | 54 | 33 | 31 | 58 | 687 |
| # of FULL SW EVALS completed for Columbia HIGH RISK score | 51 | 29 | 31 | 57 | 656 |
| # SW Evals for Acute Positive Screens | 32 | 16 | 18 | 43 | 414 |
| **% SW Evaluation Compliance (Acute positives and High Risk Non-Acute +)** | **97%** | **92%** | **100%** | **99%** | **96%** |
| **Screening Positivity Rate of kids presenting with medical issues** | **4%** | **4%** | **3%** | **6%** | **4%** |

# Suicide Screening and Assessments Workflow Overview

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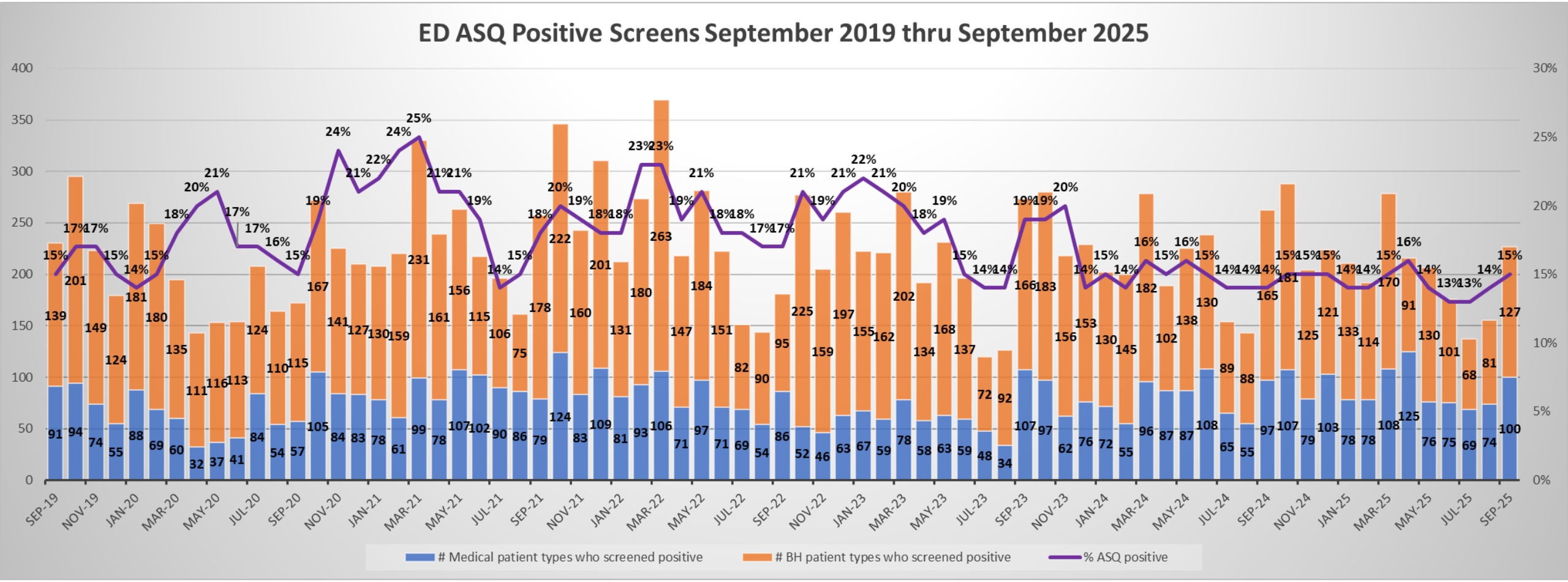
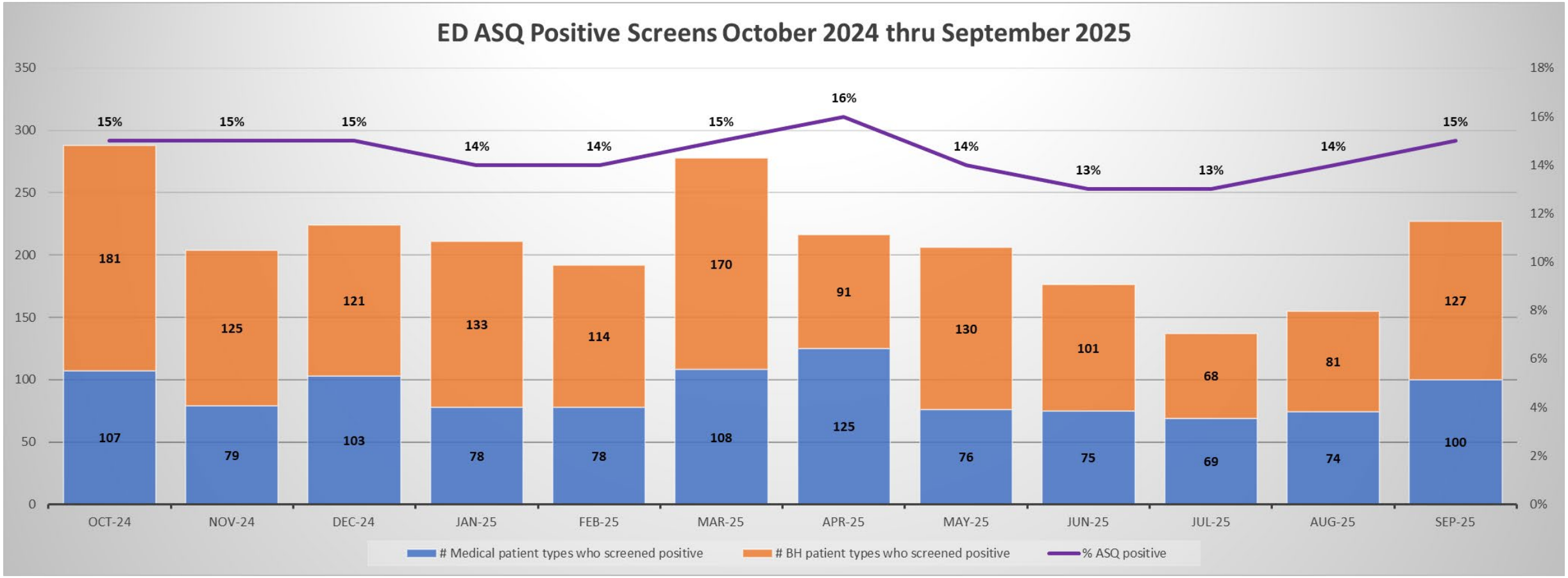
# ASQ Positives (100,000+ screens)




**16,204 (17.3%) positive screens**

**NOTE: 10,456 (11.2%) Mental/Behavioral Health and only 5,661 (6.1%) are Medical patients**

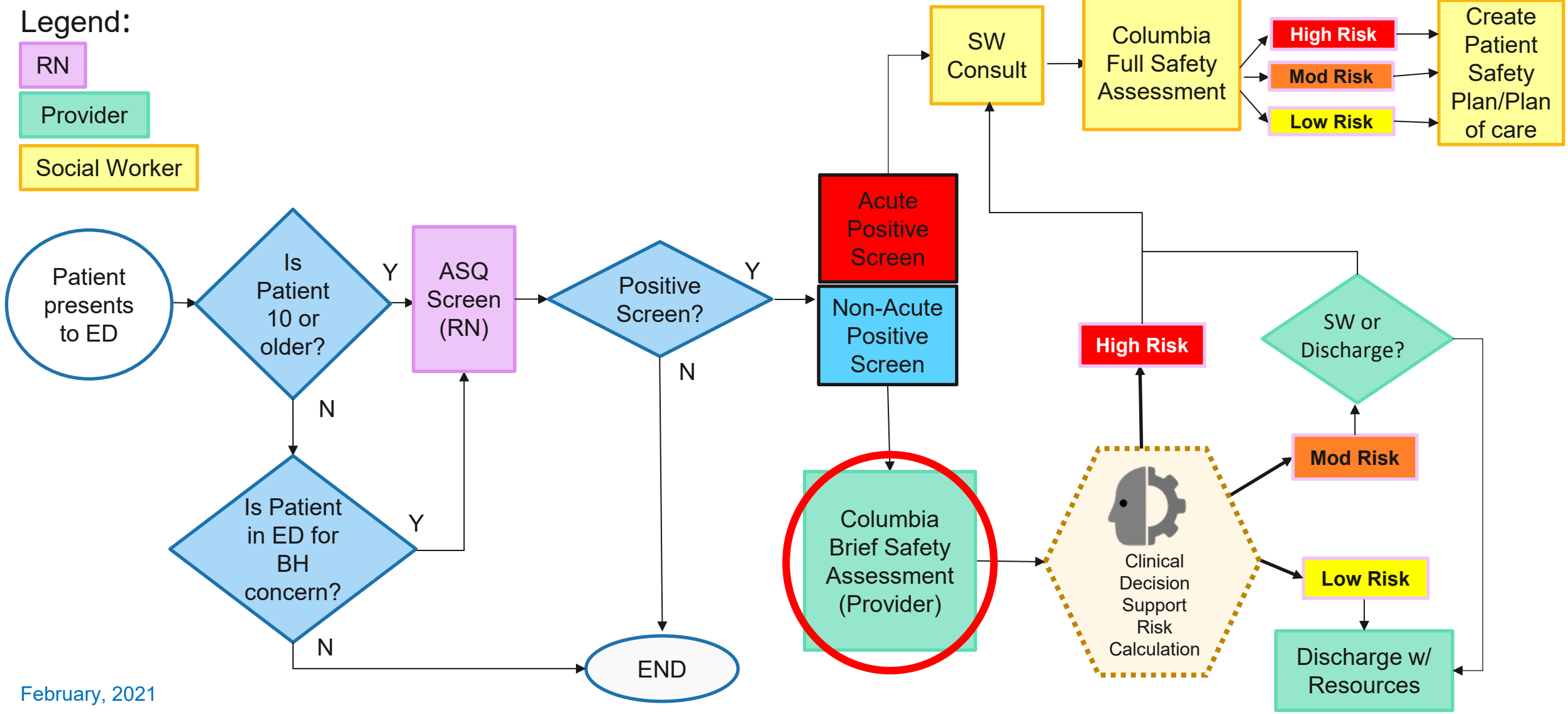
# Seasonal Trends




Youth suicide rates exhibit distinct seasonal patterns, peaking during the spring (April/May) and fall (September/October) rather than winter

- Research indicates a significant dip in youth suicides during summer and winter breaks

# Suicide Screening and Assessments Workflow Overview

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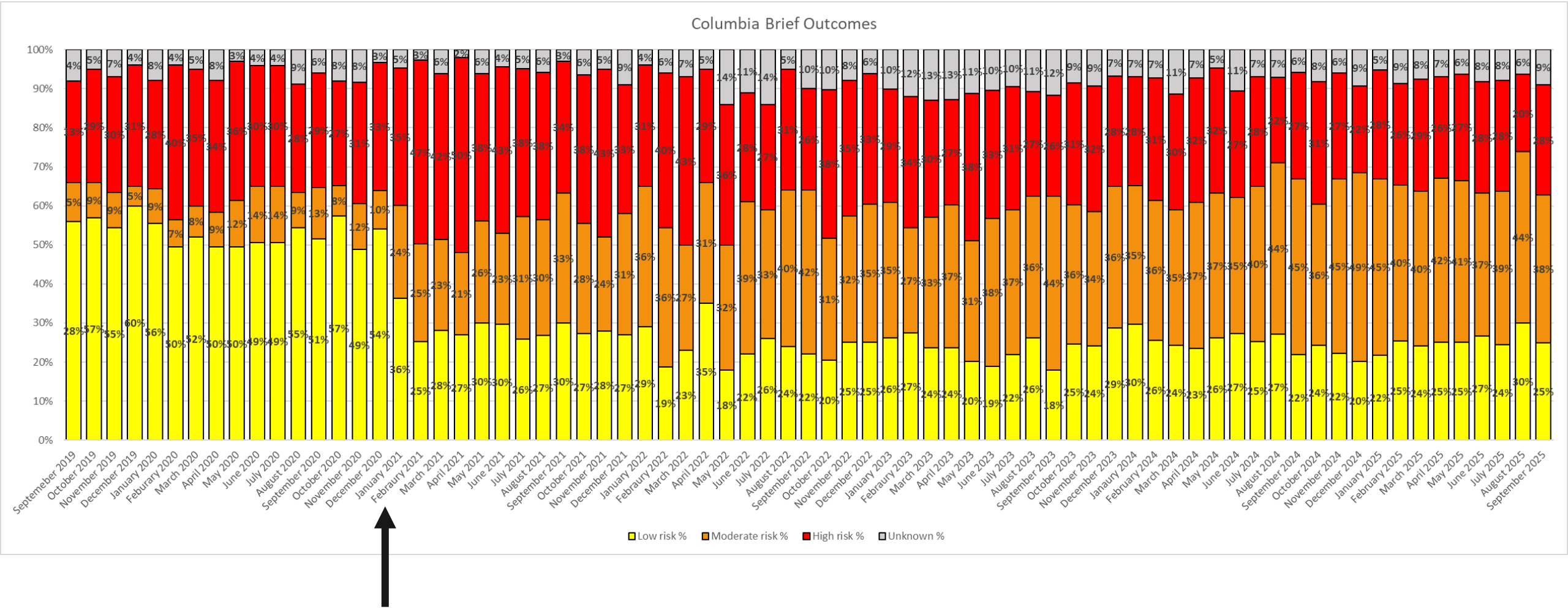
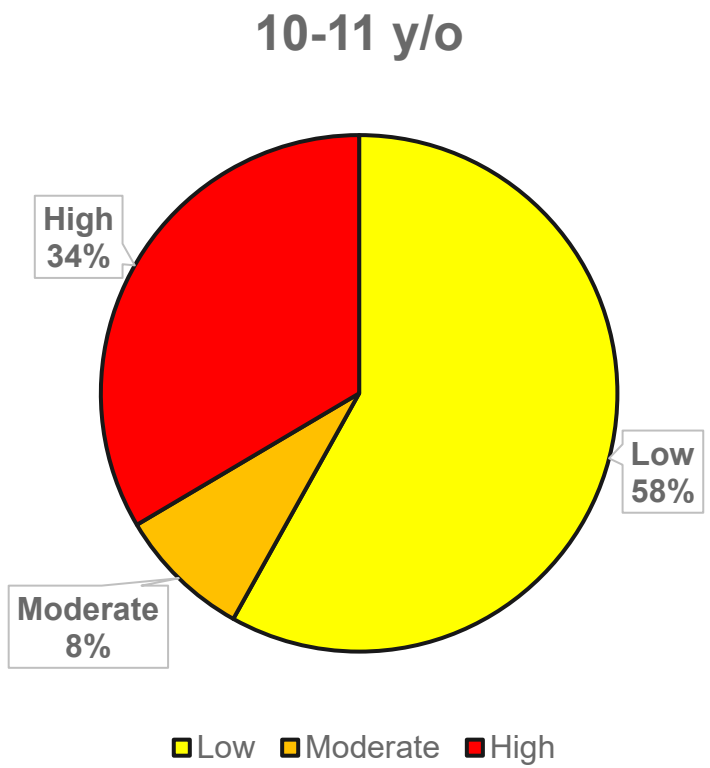
# Columbia Brief Outcomes/Trends

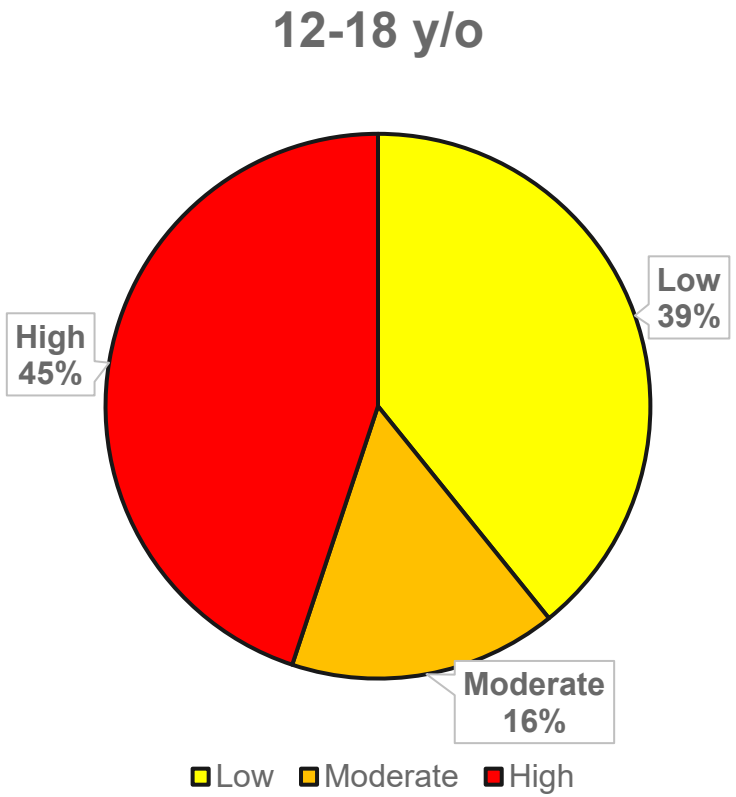



**High Risk** 13-50%; **Moderate risk** 5-44%; **Low risk** 18-60%

# Age Trends

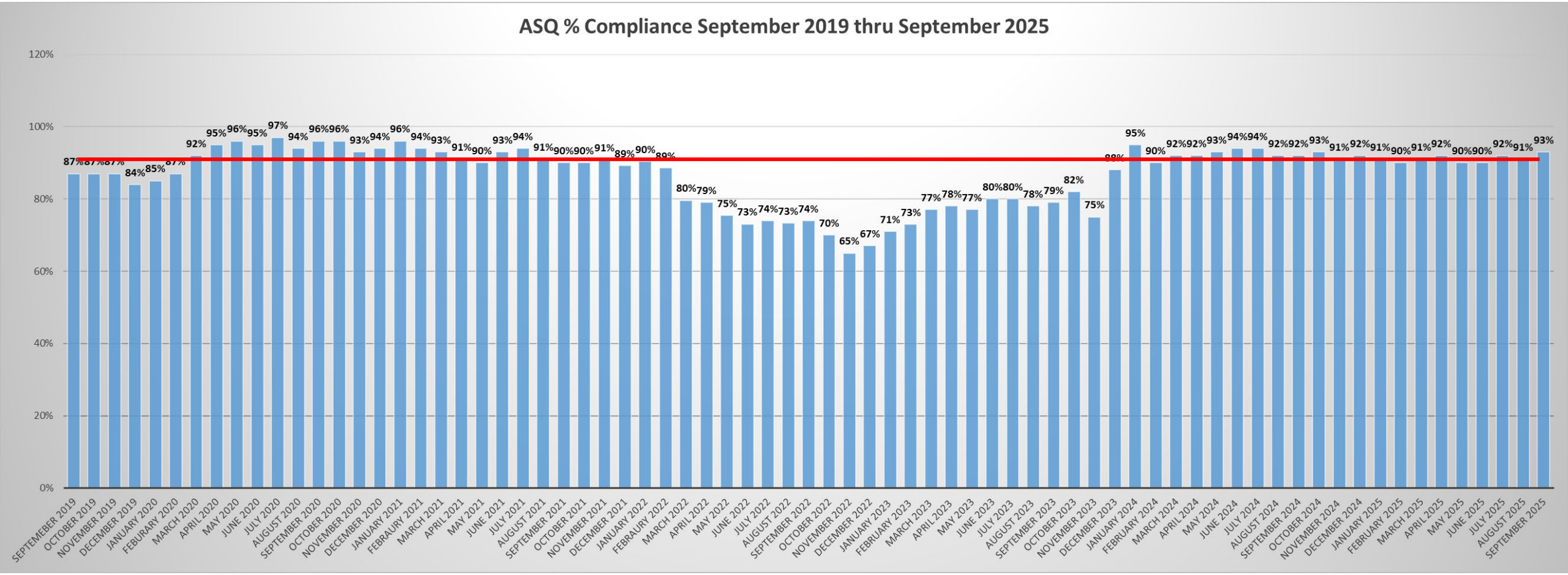
| | 10-11 y/o | 12-18 y/o |
|---|---|---|
| Low | 58.1% | 39.2% |
| Moderate | 8.4% | 15.9% |
| High | 33.5% | 44.9% |



# Quality Assurance

# Nursing Compliance with Initial ASQ Screen (>90%)




**>100,000 screened; >90% compliance rate**

# Quality Assurance

- Conduct Quality Improvement Projects
  - Plan, Do, Study, Act Cycles
  - Retrospective Chart Reviews

- Education
  - Question, Persuade, Refer Training
  - Fresh Check Day
    - –Check In

# How screening aligns with goals

1. Reduce youth suicide death rates
   - Early detection, secondary prevention
2. Identify and reduce youth suffering from suicidality
   - Validated screening tools
3. Reduce stigma associated with suicide
   - Normalizing conversations, “vital sign”
4. Improve communication with those suffering from suicide
   - Tools provide age appropriate language, tools developed from youth input
5. Increase resources available to those suffering from suicide
   - Data leads to evidence and justification for funding

# Resources for Practices in CT

Screening

988

Mobile Crisis

ED

QPR training for all

# Question, Persuade, Refer Training

QPR

# Purpose of Question, Persuade, Refer (QPR) Training

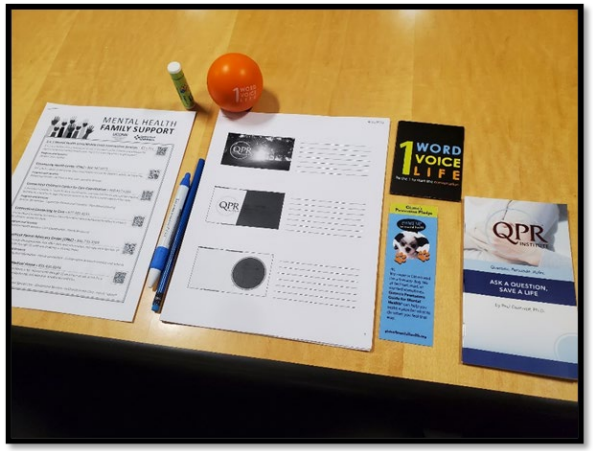
- QPR = Question, Persuade, and Refer – 3 simple lifesaving steps
- Most widely taught “Gatekeeper” training in the world
- Gatekeeper is someone…

1. In a position to recognize a crisis and warning signs of suicide risk
2. Anyone…parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, police officers, advisors, caseworkers, firefighters, and anyone who wants to help

# QPR Class Structure

60 minute class includes:

- Learning the common causes of suicidal behavior
- Warning signs of suicide
- How to get help for themselves or someone in crisis



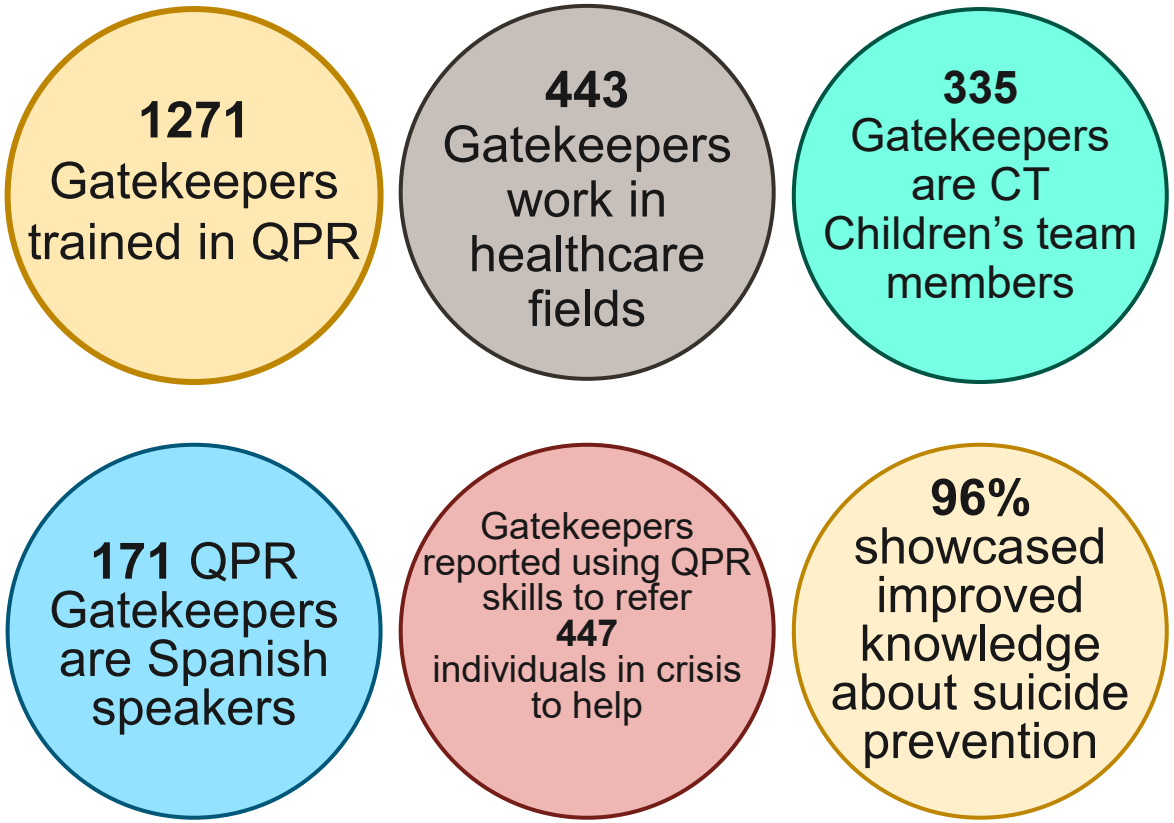

Structure:

- PowerPoint presentation – 1 hour
- Videos – 5 minutes
- Questions – stay for as long as needed

- Each participant receives a pocket sized booklet that contains all the material covered in the class, as well as referral numbers/information

# Benefits of QPR

## Training Accomplishments




## How have you used what you learned?

- "Doing a better complete assessment including medical and mental health, helping parents better monitor and guide their children."
- "Since my suicide prevention training, I've become more aware of the signs someone might be struggling and how to support them. It's helped me have open, caring conversations and encourage others to seek help when needed."
- "I decided to go to therapy for the first time in my life."


QPR
INSTITUTE
Ask A Question,
Save A Life.
QUESTION. PERSUADE. REFER.

# How training aligns with goals

1. Reduce youth suicide death rates
   - Early detection, intervention
2. Identify and reduce youth suffering from suicidality
   - Establishing more “eyes and ears” within the community to intervene
3. Reduce stigma associated with suicide
   - Myths and facts of suicide, normalizing conversations
4. Improve communication with those suffering from suicide
   - Provides a 3-step guide for intervention
5. Increase resources available to those suffering from suicide
   - Referral to resources, identifying resources

# What else do we do?

Connecticut Children's

freshcheckday®

# Overview

## What is Fresh Check Day?


### Peer-Centered Booths

- Interactive booths run by student organizations
- Each booth combines a simple mental health message with an impactful activity
- Emphasis on peer-to-peer messaging
- Promotes positive coping and life skills

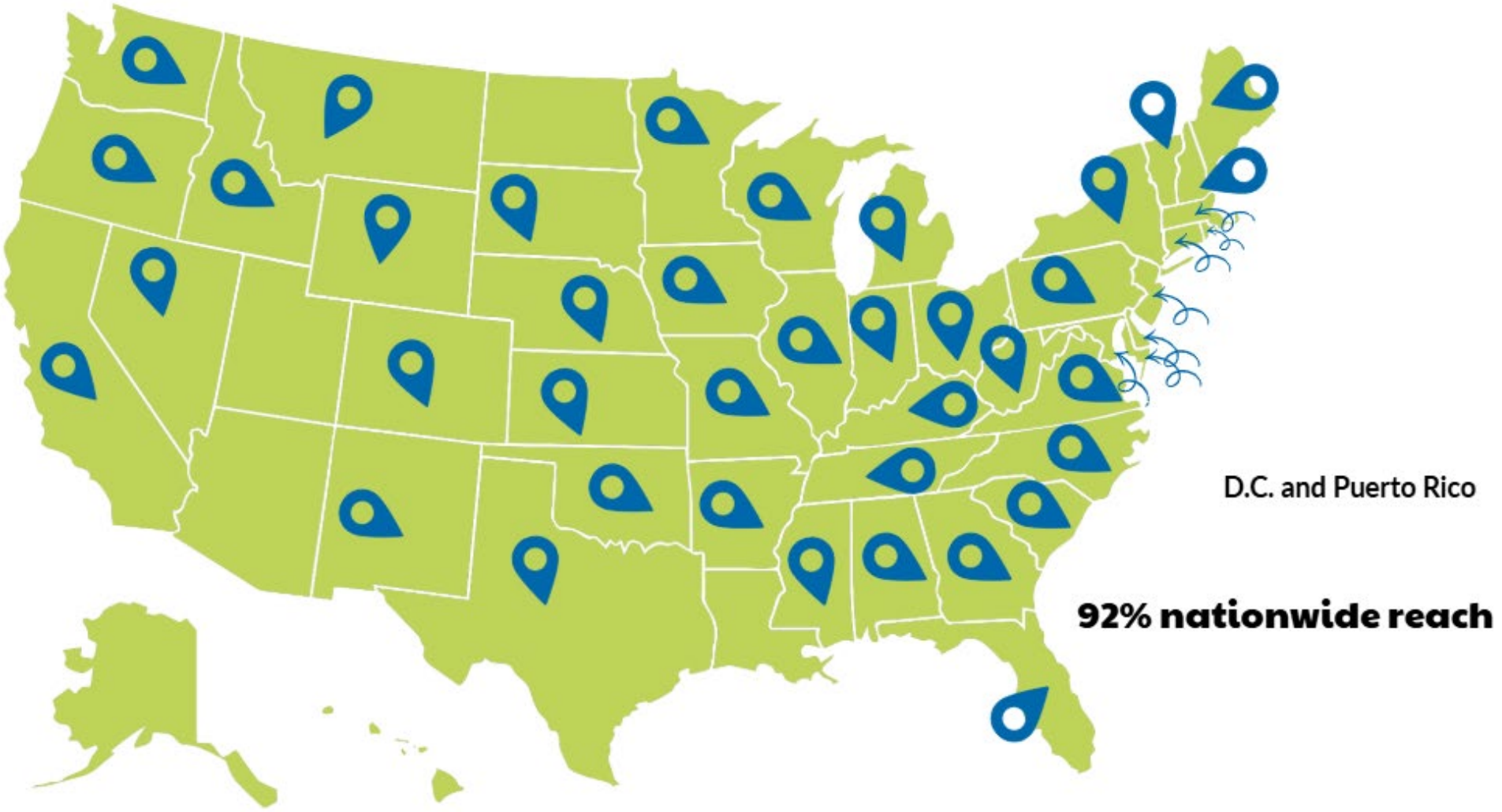
### Festive Atmosphere

- Positive and uplifting fair-like environment
- Engaging activities
- Focuses on stigma reduction and connecting students to resources

### Prizes & Giveaways

- Students collect stamps at each booth and can enter to win a prize
- Incentivized participation leads to increased attendance and higher engagement levels

# Fresh Check Day Across The Nation



# Fresh Check Day (FCD)

## Best Practice Program

- One of the few direct prevention programs for college students
- Listed in the Suicide Prevention Resource Center (SPRC) Best Practices Registry

## Long Standing Track Record

- Established in 2012
- 1,600+ unique events hosted
- 400+ campuses participated
- 325,000+ students reached nationwide

# Fresh Check Day (FCD)

FCD has produced measurable results from more than 130,000 FCD surveys completed by college students nationwide:

1. **86%** feel more prepared to help a friend who is exhibiting warning signs of suicide or mental health concerns
2. **87%** are more aware of the mental health resources available to them
3. **84%** are more likely to ask for help if they are experiencing emotional distress
4. **82%** feel more comfortable talking about mental health and suicide

# Fresh Check Day (FCD)

★★★★★

"I think it is a **critical program** for college students. As a survivor of a suicide attempt, **I felt loved and seen** during the festivities of Fresh Check Day. I also felt **empowered** to reach out my hand to other struggling peers. This is an **integral part of college programming.**"

**Student Participant**

★★★★★

"I **loved the event** and am **so glad it was brought to my campus!** As someone who struggles from mental health conditions it **raised awareness** and made myself and peers much **more comfortable** talking as well as knowing all the resources available to us."

**Student Participant**

★★★★★

"Programs and initiatives like these make us **aware** and realize that we are **not alone** and we can always **seek help** if and when we need it. I **really enjoyed it.**"

**Student Participant**

# Check In

**Implementation Program Models:**

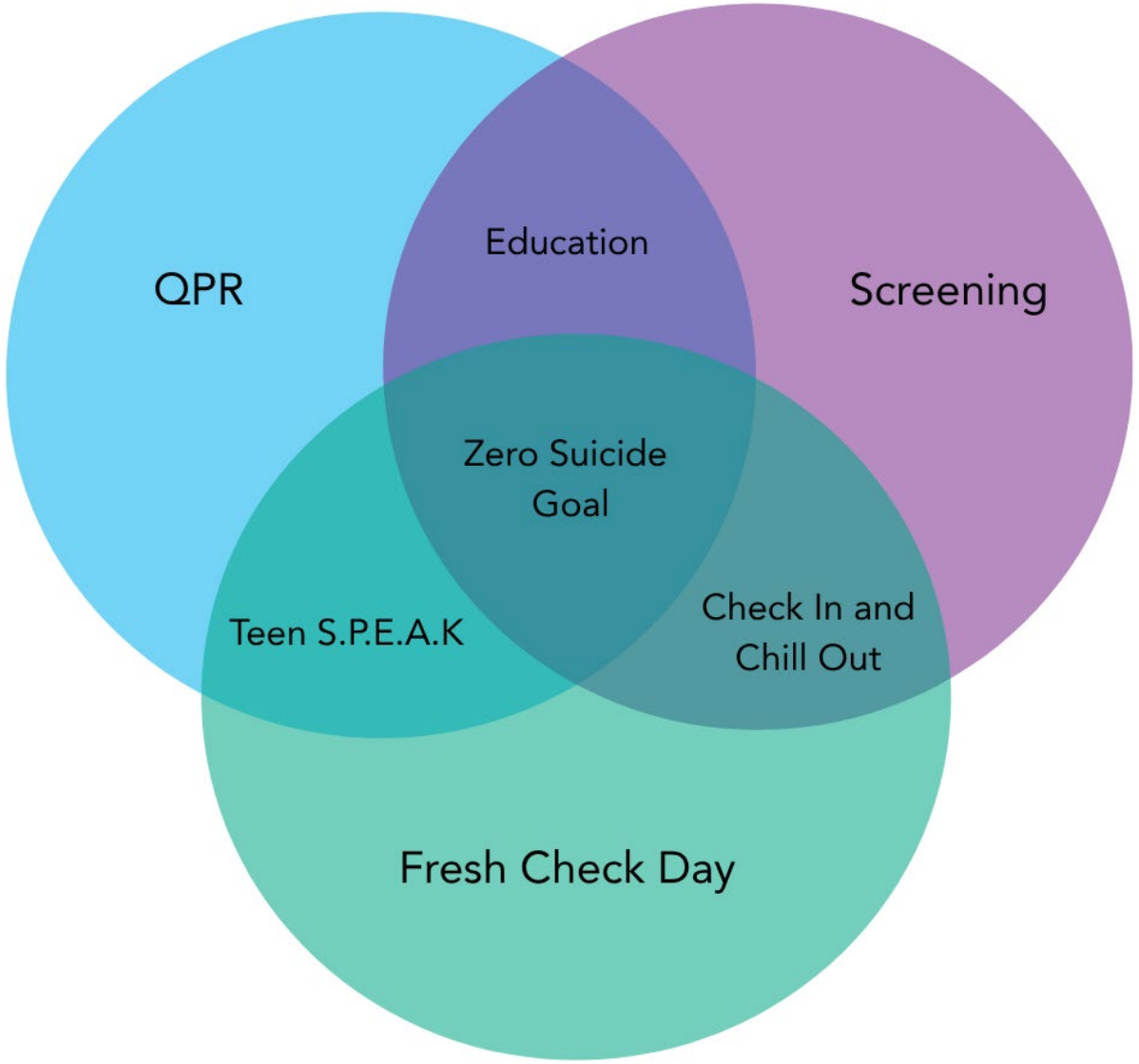
1. Fair Model: Multiple booths at once, like a mental health fair
2. Lunch & Learn Model: One booth per day over several days for ongoing engagement

Post-event surveys found:

1. 87% more aware of mental health resources
2. 83% more willing to ask for help if needed
3. 82% more comfortable talking about mental health

check in
A fresh solution for mental health awareness
A division of the Jordan Porco Foundation's Fresh Check Day

Connecticut Children's | Youth Suicide Prevention Center

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# Thank You!

## OUR CONTACT INFORMATION

**Phone: 860-837-5308**

**Email: hope@connecticutchildrens.org**

**Visit our Youth Suicide Prevention Center's website by scanning the QR code:**

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